Docket No. 5595.210

3763

SKADDEN, ARPS, SLATE, MEAGHER & FLOM Four Times Square New York, NY 10036-6522

Telephone: (212) 735-3020 Facsimile: (917) 777-3020

Date: September 19, 2006

Applicant(s)

Lav et al.

Serial No.

09/870,392

Examiner: Williams, Catherine Serke

Filed

May 30, 2001

Art Unit: 3763

Title

A Medical Apparatus For Use By A Patient For Medical

Self Treatment of Diabetes

AMENDMENT TRANSMITTAL AND REQUEST FOR EXTENSION OF TIME

Mail Stop AMENDMENT Commissioner For Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

I hereby certify that this paper is being deposited with the United States Postal Service, as first class mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1415, Alexandria, VA 22313-1450, on September 19, 2006.

Robert B. Smith

Reg. No. 28,538

Signature

September 19, 2006

Date

Transmitted herewith is an AMENDMENT in the above-identified application.

1. () No additional fee is required.

2. () The fee has been calculated as shown below:

Claims remaining	Prior Paid Claims	<u>Extra</u>	Rate		<u>Fee</u>
Total:	minus (at least 20) =	@	\$18	=	\$
Independent	minus (at least 3)	= @	\$88	=	\$_
•	TOTAL AD	DITIONAL FEE:	\$ 0		

3. (X) An extension of time to respond to the PTO Communication dated March 24, 2006 is hereby requested. The required fee is indicated below:

Within first month:	()	\$120
Within second month	()	\$450
Within third month	(X)	\$1,020
Within fourth month	()	\$1,590

- 4. () The Amendment includes an Information Disclosure Statement. Enclosed is Form PTO-1449 and copies of _____ reference(s).
- 5. (X) The Commissioner is hereby authorized to charge the amount of \$1,020.00 representing (a) additional claims fee (\$); (b) the extension fee (\$1,020); and (c) the fee for filing an Information Disclosure Statement (\$) to deposit account No. 19-2385.

 A copy of this sheet is enclosed for such purpose.
- 6. (X) In the event that an extension of time is required and applicant has inadvertently overlooked the need to request a petition and file the fee, the applicant hereby petitions for such extension of time. The Commissioner is authorized to charge the required fee to deposit account No. 19-2385. A copy of this sheet is enclosed for such purpose.
- 7. (X) The Commissioner is hereby authorized to charge payment of any additional fees required in connection with this application, and credit any overpayment, to deposit account No. 19-2385. A copy of this sheet is enclosed.

Skadden, Arps, Slate, Meagher & Flom

Robert B Smith

Registration No. 28,538 Attorneys for Applicant(s)

(212) 735-3020